



Arnold P. Gold Foundation Humanism in Medicine Award Nomination Form

Deadline for Applications: April 15

Preamble

In collaboration with the Council of Medical Specialty Societies, the Arnold P. Gold Foundation has chosen the American Academy of Otolaryngology-Head and Neck Surgery Foundation (AAO-HNSF) to administer the Gold Foundation Humanism in Medicine Award, conferred on a practicing otolaryngologist who exemplifies compassionate, patient-centered care. A panel of members on the AAO-HNSF's Humanitarian Efforts Committee selects an awardee for ratification by the Board of Directors.

Please complete and email the following documents as a *single PDF attachment* to humanitarian@entnet.org by April 15:

- Complete nomination form
- The nominee's curriculum vitae (CV) or resume
- At least one letter of recommendation from a professional source
- Additional documentation, as needed

Selection Criteria

Nominees must demonstrate at least five of these criteria:

- Compassion and empathy in delivery of patient care
- Respect for patients, families, and co-workers
- Cultural sensitivity when working with patients and family members of diverse backgrounds
- Effective, empathetic communication and listening skills
- Understanding a patient's need for interpretation of complex medical diagnoses and treatments
- Making an effort to ensure patient comprehension
- Comprehending and showing respect for the patient's viewpoint
- Sensitivity to the patient's psychological wellbeing and identifying the emotional concerns of patients and family members
- Engendering trust and confidence
- Competence in scientific endeavors

Selection Process and Award Presentation

The honoree will receive a certificate at the AAO-HNSF Annual Meeting & OTO Experience. At the Meeting, the honoree delivers a short address at the Humanitarian Forum. The Academy will also recognize the honoree in its monthly news magazine, the *Bulletin*, on its website, and in other media where awardees are acknowledged.





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Nominee Information

AAO-HNS Memb	per ID(If avail		Today's Date				
Nominee's Name							
	Given Name	Middle Name or Initial	Family Name	Degree (MD, FRCS, PhD, etc.)			
Nominee's Title _							
				te/Room/Apartment #			
City	State/Province						
Country			_ ZIP/Postal Code				
Daytime Phone _			_ Fax				
with Area or Country Code			with Area or Country Code				
Email							

Summary of Achievements

(Please write below or attach a brief summary to this application)





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Nominator Information

AAO-HNS Memb	er ID(If availa	ble)	Today's Date	Today's Date			
Nominator's Nam	e						
	Given Name	Middle Name or Initial	Family Name	Degree (MD, FRCS, PhD, etc.)			
Nominator's Title							
Street Address			Si	uite/Room/Apartment #			
City	State/Province						
Country			ZIP/Postal Code				
Daytime Phone			Fax				
			with Area or Countr	y Code			
Email							